

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
04937129 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3						
4						
5		1				
6		1				
7						
8						
9	1		1			
10	1					
11		2				
12		1				
13	1		1			
14		1				
15		1				
16	1		1			
17		1				
18		2				
19	1					
20		1				
21		2				
22		5				
23		5				
24		2				
25		2				
26		5				
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28		5				
29	1	2				
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49						
50						
TOTAL IND.			5			
TOTAL DEP.			24			
TOTAL CLAIMS			27			

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IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			